



CITY OF ALEXANDRIA
CODE ENFORCEMENT BUREAU
 301 KING STREET, SUITE 4200
 ALEXANDRIA, VIRGINIA 22314
 (703) 838-4360 FAX (703) 838-3880

ELECTRICAL APPLICATION

IMPORTANT - Applicant to complete ALL applicable items.

MASTER MUST SIGN APPLICATION

Shaded boxes are FOR OFFICIAL USE ONLY.

Permit Number	1. Project Name		Master Permit
2. Project Address		Floor/Suite Number	3. Date Applied
4. Owner		5. Phone: Home - Work -	
6. Owner's Mailing Address (if different from project address)			
7. Work Done By (check one) <input type="checkbox"/> Owner <input type="checkbox"/> Contractor (for Contractors, MASTER's signature is mandatory in box #13 below)			
8. Contractor Name		9. Phone	10. Business Address
11. Master's Name		12. Master's Card Number	13. Master's Signature
14. State Contractor License Number Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		15. Business License Number Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Project Description			
17. Estimated Cost \$	18. Proposed Bldg Use: <input type="checkbox"/> SFD <input type="checkbox"/> Apt/Condo <input type="checkbox"/> Office <input type="checkbox"/> Store <input type="checkbox"/> Restaurant <input type="checkbox"/> School <input type="checkbox"/> Garage <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Hospital <input type="checkbox"/> Warehouse/Industrial <input type="checkbox"/> Other (describe)		
19. Occupancy: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		20. Type of Work: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Other	
21. Code Edition		22. Type of Construction	23. Use Group
24. Number of Motors Greater than 1 H P:		25. Number of Fixtures / Number of Switches:	26. Number of Rough Wire Outlets:
27. Motors 1 H P or Less: 1. <input type="checkbox"/> HP <input type="checkbox"/> kW <input type="checkbox"/> kVA 2. <input type="checkbox"/> HP <input type="checkbox"/> kW <input type="checkbox"/> kVA		28. Number of Services/Subpanels: Less than 100 Amp 101 -200 Amp 201-300 Amp 301 Amp or over	29. Existing kVA:
33. Existing Service: _____ A _____ V _____ Ø Proposed Service: _____ A _____ V _____ Ø Number of New Subpanels: _____			30. New kVa:
		34. Indoor Expo/Exhibit _____ SqFt.	31. Transformers _____ kVA
36. Swimming Pools:		37.3-Phase: <input type="checkbox"/> Y <input type="checkbox"/> Delta <input type="checkbox"/> Unknown	32. Number of Signs:
			35. Number Replacement Appliances:

<p align="center">AFFIDAVIT</p> <p>I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances.</p> <p>_____ Signature of Owner or Authorized Agent</p> <p>_____ Printed Name of Person Applying for Permit</p> <p>_____ Address</p> <p>_____ Phone/Pager</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">APPROVALS</th> <th align="center">PERMIT FEES</th> </tr> <tr> <td colspan="2">Engineer</td> <td>TOTAL \$</td> </tr> <tr> <td colspan="2">Date Approved</td> <td>Deposit Rec'd \$</td> </tr> <tr> <td colspan="2">Date Issued</td> <td>Deposit Date</td> </tr> <tr> <td rowspan="2">Engineer Aide</td> <td>Rec'd By:</td> <td rowspan="4">Notes:</td> </tr> <tr> <td>Issued By:</td> </tr> <tr> <td colspan="2">Drawings Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	APPROVALS		PERMIT FEES	Engineer		TOTAL \$	Date Approved		Deposit Rec'd \$	Date Issued		Deposit Date	Engineer Aide	Rec'd By:	Notes:	Issued By:	Drawings Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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